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# TIPS

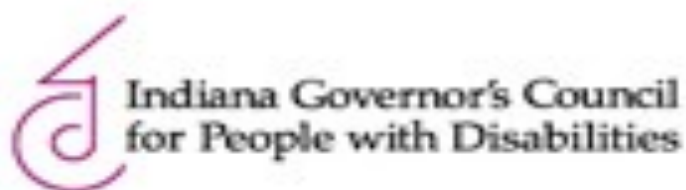
*For Law Enforcement  
and Corrections Personnel*

*Encounters Involving  
People with Disabilities*

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The Protection and Advocacy System for Indiana

# TIPS


## For Law Enforcement and Corrections Personnel





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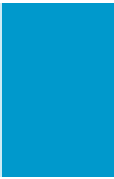
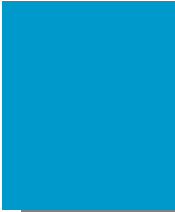


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## Introduction: Why these TIPS?

Dear Members of the Law Enforcement and Corrections Communities,

When you are responding to criminal justice situations, you may encounter persons with a disability who might be a suspect, victim, or witness. With some disabilities, you may immediately recognize that the person has a disability. In other encounters, the disability may be less apparent, such as when a person has a brain injury, autism, mental illness, or epilepsy.

No matter the individual, it is important to know that most people with disabilities will react to a criminal justice situation like most of the general population would. Some, however, may need accommodations specific to their disability; and some others may require some special knowledge on your part or the assistance of someone who has that knowledge.

We realize that your skills, training, and protocols remain foremost whether the situation involves a person with a disability or not. However, many law enforcement and corrections personnel have requested quick, easy-to-use information to help them when they have to deal with situations that involve persons with physical, intellectual, or emotional disabilities. Therefore, we offer these TIPS to you as additional tools in your work

The following pages provide both general and specific suggestions for your use during both routine and crisis encounters with people with disabilities. These TIPS are not meant to be comprehensive, but they do contain specific information that you can quickly refer to, either before or while you are actually responding to an incident.

If you would like more information about how to best assist persons with disabilities or if you have suggestions for future editions of this guide, please feel free to call upon us. Please refer to [Helpful Resources](#) contact information.

# QUICK TIPS

Because we realize that there may be emergency situations where there is not time to consult all the information in this resource book, the following are some “Quick TIPS” that will keep you in good stead until you have time to refer to the fuller versions of the TIPS.

## If the person is...

Not seeming to understand

Preoccupied

Having trouble concentrating

Over-stimulated or agitated

Showing Poor Judgment

Having trouble with reality

Believing in delusions

Disoriented or confused

Fearful

Changing emotions

## You should ...

Ask your question using different words, using direct, concrete phrases. Wait for a response. Also check for hearing loss.

Get their attention first.

Be brief, repeat instructions or commands.

Remove distractions. Be calm, and give firm, clear instructions.

Not expect rational answers or discussion.

Be simple, direct, and truthful.

Ignore, don't argue. Redirect to the current situation.

Check for hearing loss. If there is none, redirect the person to the current situation. Use direct, concrete phrases. Give one direction at a time.

Reassure their safety.

Stay calm or ignore.



- ◆ Be cautious about interpreting behavior. A person with cerebral palsy or epilepsy can easily be mistaken for drunkenness.
- ◆ What seems like non-compliant behavior could simply be lack of understanding or fear.
- ◆ Allow extra time for the person to process what you are saying and to respond.
- ◆ Look for an ID bracelet, a medical alert bracelet, or emergency information card.
- ◆ Seek the assistance of the person's caregiver or personal assistant who may be able to assist you with communication and interpreting the person's meaning and/or dealing with behaviors.

# General Tips for All People with Disabilities

Remember that people with disabilities are people first. Thus, it is most respectful to use “people first” language when referring to or talking about a person with a disability. For instance, you would say “I am questioning this person who is deaf” and not “I’m questioning a deaf person.”

- Speak naturally and directly to the individual.
- Identify yourself and explain why you are there. Clearly communicate to the person before taking any action or asking them to do something. Then ask them if they understand and/or need your assistance.
- If the person seems confused or agitated, reduce distractions. Turn off emergency lights and sirens if possible. Identify yourself and explain why you are there. Speak slowly, using short words in a calm voice.
- Some persons with disabilities may appear disoriented and confused when all that is really “wrong” is that they can’t hear. See if the person has a hearing aid. If so, check to see that it’s available and working.
- Ask simple questions about what happened. Wait for a response. Repeat questions if necessary. Avoid yes or no questions.
- Give one direction at a time. Multiple directions may increase confusion and agitation.
- Provide simple choices. You may get incorrect responses if multiple choices are offered, because the person may only respond to the last option stated.
- Explain any written material (including Miranda information, or posted signs) in everyday words.
- If the person is not responding, seek the assistance of the person’s caregiver or personal assistant, who may be able to assist you with

- ◆ Communications, interpreting the person's meaning, and/ or Dealing with behaviors.
- ◆ Be cautious about interpreting behavior. For instance, cerebral palsy or epilepsy can be mistaken for drunkenness. What seems like non-compliant behavior could simply be lack of understanding or fear.
- ◆ Share information that you've learned about the person with others who will be assisting or following you.

### Ask for/Look for:

- ◆ Some people with disabilities may have an ID card or bracelet similar to medical alert bracelets – ask for it. It may indicate an emergency contact person and/or information about their disability.
- ◆ Before attempting any assistance, ask the person first how you can help. Every person and every disability is unique. Even though it may be important to move the person, respect their independence to the extent possible. Ask before you assume help is needed, or ask how you may help the person.
- ◆ If possible, gather all medications before you remove the person from the area. Ask the person what medications they are taking and where their medications are stored. Most people keep all their medication in one location in their homes.
- ◆ Likewise, be aware of the need for communication devices (e.g., head pointers, alphabet boards, speech synthesizers, etc.)
- ◆ We suggest that your department gather contact information about support people who can assist, ideally before an incident. When a situation with a person with a disability occurs, information is readily available. Make sure your list is comprehensive and includes supports for all types of disabilities. If you need assistance developing a local resource list, refer to the page for [Helpful Resources](#).

# People who have Intellectual Disabilities

- ◆ People with intellectual disabilities strongly object to the term “mental retardation.” Therefore, “intellectual disability” is now the preferred term.
- ◆ In criminal justice situations, people with intellectual disabilities may not fully understand the seriousness or consequences of their actions or fully understand their rights. They may be easily led or persuaded by others. They may not understand what they are agreeing to. They may eagerly “confess” in order to please, or answer questions in ways they think will please their interrogator.
- ◆ People with intellectual disabilities may have difficulty remembering facts or details. Others may be unable to reliably answer questions or when asked repeated questions, they may give the same answer. They may also have difficulty performing tasks.
- ◆ Allow extra time for the person to process what you are saying and to respond to you.
- ◆ Respect the dignity of the person as an adult (example: speaking directly to the person, do not use “baby talk.”). Use short sentences with simple, concrete words.
- ◆ Use pictures and objects to illustrate your words. For instance, point to your badge as you say who you are. Point to any protective equipment as you speak about it.

## Helpful ways to interact with a person who has an intellectual disability:

- ◆ Identify yourself and your job --- My name is..... I am a ..... (name your job). I'm here to help you, not hurt you. I am here because ..... (explain the situation).
- ◆ Use the person's name often, and make eye contact before you speak.
- ◆ Look for an ID card. This could provide contact information about a support person who could assist you in the situation.
- ◆ Give one direction or ask one question at a time.
- ◆ Ask the person to repeat directions or instructions in their own words so you can assess their understanding.
- ◆ Indicate how long the encounter will last and when things will return to normal (if you know).
- ◆ Clock time may not be meaningful – tie the time statement to common events (e.g., “around lunch time” or “we have to wait for \_\_\_\_ to happen before we can \_\_\_\_”).
- ◆ Indicate clearly when the person can contact others (for example: calls to family, case manager, advocate, guardian, etc).

## People who have Autism/ Autism Spectrum Disorder.

- ◆ Autism is a disability which includes a wide spectrum of abilities and intelligence levels. Communication and social skills are usually impaired, even though not at first obvious.
- ◆ People with autism may be non-verbal or have very limited verbal abilities. They may have difficulty expressing needs, and may gesture or point, or repeat words or phrases in place of conventional communication. Some may not respond to verbal cues or may appear deaf. They may make little or no eye contact.
- ◆ People with autism may interpret language in a very literal way. For example, when asked if they wish to “waive” their Miranda rights, a person may “wave” their hand. Avoid using phrases that have more than one meaning - “spread eagle,” “knock it off,” or “cut it out.”
- ◆ People with autism may display extreme distress or behavior for no apparent reason, or become anxious in new situations. Some may exhibit inappropriate laughing or giggling, or show no real fear of dangers.
- ◆ People with autism will often engage in self-stimulating behaviors (e.g., hand flapping, pacing, humming, body rocking, repeating words or phrases). They can be highly sensitive to touch, sound, or bright lights.
- ◆ In criminal justice situations, people with autism may not understand the consequences of their actions or understand their rights. Some may have difficulty remembering facts or details, or may not understand what they are agreeing to. Some may be unable to reliably answer questions.
- ◆ It is not true that people with autism don’t feel pain.

## Helpful ways to interact with a person who has an autism spectrum disorder:

- ◆ Speak slowly and clearly. Use simple language - rephrase as necessary.
- ◆ Be specific when asking questions, and allow for response time.
- ◆ Explain what you are going to do before you do it, each step of the way. People with autism may have difficulty with transitions and changes in routine.
- ◆ You may need to direct the person away from a highly-stimulating situation so that communication or compliance is improved. Gesture and firmly say “follow me” to a quiet area.
- ◆ Approach the person from the front.
- ◆ People with autism may startle easily.
- ◆ Talk in a calm voice and try to allow some distance between you and the individual. Try not to shout or touch the person.
- ◆ Allow repetitive movements (e.g., *body rocking, flicking an object, or biting self*). Do not attempt to physically stop self-stimulating behavior unless it is a risk to self or others. Your intervention can escalate behaviors or bring on new behaviors.

# People who have Epilepsy

- ◆ Epilepsy is an episodic medical disability over which people have no control.
- ◆ When a report comes in about someone acting strangely, or creating a disturbance, always consider the possibility that a seizure is taking place or has just occurred.
- ◆ Seizure activity in the brain may affect speech, consciousness, and movement to such an extent that a person cannot respond or interact normally during the seizure or even for some time afterwards. Confusion and disorientation may last for some time after a seizure ends. This may interfere with the person's ability to understand or respond to your questions or instructions.
- ◆ Seizure symptoms may also include:
  - ➔ Running
  - ➔ Spitting
  - ➔ Biting
  - ➔ Shouting
  - ➔ Screaming
  - ➔ Flailing movements
  - ➔ Abusive language
- ◆ There are also partial seizures (petit mal) where eyes flutter or the person has a blank stare or acts dazed. Remember that these actions are involuntary, not under the person's conscious control.

## Helpful ways to interact with a person who has epilepsy:

- ◆ Check for a medical identification card or bracelet indicating that the person has epilepsy.
- ◆ Time the length of the seizure. A seizure lasting for more than five minutes could be a medical emergency. Always have the person transported to an emergency room.



- ◆ If family members or bystanders say that the person has epilepsy, assume that the observed behavior is seizure-related.
- ◆ Some people have a Vagus Nerve Stimulator (VNS) that works like a pacemaker to help control seizures. The VNS is implanted just under the skin in the upper chest.
  - ➔ Check to see if the person has an NCP Patient Emergency information Card and Cyberonics Magnet.
  - ➔ Follow the instructions on the card.
- ◆ Do not forcibly restrain a person who is in the midst of a seizure or who has just had one. Restraints may injure them. In addition, people in these circumstances may misinterpret the actions of law enforcement personnel as an attack and they may try to protect themselves by forcibly resisting.
- ◆ If a person with epilepsy has a seizure while in custody, provide prompt medical attention. If a person has a convulsive seizure, place the person on their side to prevent choking. The fear that the person may swallow their tongue is a myth. Nothing should be placed or forced into the mouth.
- ◆ Placing someone who is having a seizure, or has just had a seizure, face down, in a choke hold and/or hog-tying them, can obstruct breathing and cause death.
- ◆ Continue to give medication to people with epilepsy who are taken into custody. Failure to take medication on time could produce fatal rebound seizures.

# People who have Cerebral Palsy

- Cerebral palsy is a disorder caused by damage to the brain, especially affecting ability to control movement and posture. The condition varies in extent and characteristics, ranging from mild to severe.
- Mild cerebral palsy can involve a kind of awkwardness with balance and gait problems which may mistakenly be taken for drunkenness or being under the influence of drugs. Severe cerebral palsy will alter major motor activities.
- Cerebral palsy is sometimes associated with other problems such as seizures (epilepsy), intellectual disabilities, communication problems, ear and hearing problems, eye and vision problems, and impairment of other senses.

## Helpful ways to interact with a person who has cerebral palsy:

- Don't assume a person with cerebral palsy has an intellectual disability.
- Also, don't assume a person with cerebral palsy is intoxicated or using drugs.
- If you have difficulty understanding the person's speech, slow down your communication, ask one question at a time, and allow time for the person to respond. It is OK to ask them to repeat their responses.
- If a person is using a communication board or other communication device, allow time whenever possible for the person to communicate.
- If you think the person has a mobility or intellectual disability, refer to the pages for ; [People who have Mobility Impairments](#) and [People who have Intellectual Disabilities](#).

# People who have Mobility Impairments

- ◆ When encountering a person with a mobility impairment, it is important to communicate with them about their level of functioning and to never assume anything about their abilities. One person may be using a wheelchair or other mobility device for very different reasons than another. While someone may use a mobility device to alleviate pain while walking, another with a spinal cord injury relies on the device to provide the ability to get from point A to point B and all points in between.

## Helpful ways to interact with a person who has a mobility impairment:

- ◆ Question at eye level. If the conversation will take more than a few minutes, sit down to speak at eye level.
- ◆ Before lifting a person out of a wheelchair or transporting them, ask them about the most effective and appropriate means to do this. Removing them from the wheelchair and placing them in the back of a police cruiser may not be feasible or safe. Consider other options such as an accessible van.
- ◆ People who use wheelchairs and mobility devices are trained in special techniques to transfer from the wheelchair to another place. Depending on their upper body strength, they may be able to do much of the work themselves. Offer assistance, but let the person explain what help is needed first.
- ◆ If a paddy wagon is used, be sure the person knows to hold on to the bar/railing/hand rail when handcuffed.

- Don't assume that a person using a wheelchair or other mobility device has an intellectual disability. Use normal language and speak in your normal tone of voice.
- Don't interfere with the person's movement unless asked to do so, or the nature of the emergency is such that absolute speed is the primary concern. If this is the case, tell the person what you'll need to do and why.
- Take care when removing someone from their mobility device for it may aggravate underlying medical conditions or cause more damage.

# People who have Mental Illness

- ◆ In an emergency situation, a person with mental illness may become confused or act out.
- ◆ If a person begins to exhibit unusual behavior, ask if they have any mental health issues you need to be aware of. However, be aware that they may or may not tell you. If you suspect someone has a mental health issue, use the following tips to help you through the situation.

## Helpful ways to interact with a person who has mental health issues:

- ◆ Keep your communication simple, clear, and brief. Avoid giving multiple commands – ask or state one thing at a time.
- ◆ If the person becomes agitated, help them find a quiet area away from the confusion.
- ◆ Give plenty of space. Don't corner or be cornered.
- ◆ Speak calmly and in a normal speaking tone.
- ◆ Continually assess the situation for the possibility of danger.
- ◆ If the person seems delusional, arguing with them or trying to “talk them out of it” may not help the situation. Redirect them to why you are there and what you are doing or going to do.
- ◆ Ask if the person is taking any medication. Take it with them if you leave the site.

## People Who Have Visual Impairments or Are Blind.

There is a difference between visual impairment and blindness. Some people who are “legally blind” have some sight, while others are totally blind.

### Helpful ways to interact with a person who has a visual impairment:

- ◆ Announce your presence, speak out, and then enter the area.
- ◆ Tell the person whenever someone is entering or leaving a room. Indicate their names and roles. If there are bystanders around, also make the person aware of that.
- ◆ Speak naturally and directly to the individual. There is usually no need to shout.
- ◆ Don't be afraid to use words like “see,” “look,” or “blind.”
- ◆ Offer assistance, but let the person explain what help is needed first. Do not grab the person or attempt to guide them.
- ◆ Let the person grasp your arm or shoulder lightly for guidance. They may choose to walk slightly behind you to gauge your body's reactions to obstacles
  - Be sure to mention stairs, doorways, narrow passages, ramps, etc.
  - When guiding someone to a seat, place the person's hand on the back of the chair.
  - If leading several individuals with visual impairments, ask them to guide the person behind them.
- ◆ Remember that you'll need to communicate any written information orally.
- ◆ When you have reached your destination, orient the person to the location and ask if any further assistance is needed.
- ◆ If the person has a service animal, refer to the pages for [People Who Use Service Animals.](#)

## People who have Hearing Impairments or are Deaf.

- ◆ There is a difference between hard of hearing and deaf. People who are hearing impaired vary in the extent of hearing loss they experience. Some are completely deaf, while others can hear almost normally with hearing aids on.
- ◆ Hearing aids do not guarantee that the person can hear and understand speech. The aids increase volume, but not necessarily clarity. They often highlight background noise so it is difficult for the person to hear you even though you are at a closer distance.
- ◆ Written communication may be especially important if you are unable to understand the person's speech. However, while written communication may work for many people, others may not understand English well enough to read written instructions.
- ◆ Some people may need a Sign Language interpreter, and others may lip read.

## Helpful ways to interact with a person who is deaf or hard of hearing:

- ◆ If possible, flick the lights when entering an area or room to get the person's attention.
- ◆ Face the person directly while speaking. Be sure you have the person's attention before beginning to speak.
- ◆ Speak in a normal tone of voice without shouting. Speak slowly and distinctly.
- ◆ Reduce background noise, which may be distracting or masking your words.
- ◆ If an interpreter is present, be sure you continue to speak to and establish eye contact with the individual, and not the interpreter.

- ◆ Pencil and paper can be used to communicate. Write slowly and let the individual read as you write.
- ◆ Hand gestures can be used as visual cues.
- ◆ Check to see if you have been understood and repeat if necessary.
- ◆ Be aware that the person may have difficulty understanding the urgency of your command.
- ◆ Two people should not be trying to communicate with the person at the same time.
- ◆ Persons with a hearing loss may appear disoriented and confused when all that is really “wrong” is that they can’t hear you. Determine if the person has a hearing aid. If they do, is it available and working?
- ◆ When a person who is deaf or hearing impaired becomes the focus of an investigation, only a certified sign language interpreter should be used when “Miranda Rights” are being given.



# People with Service Animals

- ◆ Traditionally, the term “service animal” meant seeing-eye dogs. Today there are many other types of animals trained to do work or perform tasks for a person with a disability.
- ◆ Current Department of Justice interpretation is that “service animal” means a dog or other common domestic animal individually trained to perform tasks for the benefit of an individual with a disability, including, but not limited to:
  - Guiding individuals who are blind or have low vision,
  - Alerting individuals who are deaf or hard of hearing to the presence of people or sounds,
  - Providing minimal protection or rescue work,
  - Pulling a wheelchair or fetching items,
  - Assisting an individual during a seizure,
  - Retrieving medicine or the phone,
  - Providing physical support and assistance with balance and stability to individuals with mobility disabilities, and assisting individuals, including those with cognitive disabilities, with navigation.
- ◆ The term service animal includes individually trained animals that do work or perform tasks for the benefit of individuals with disabilities, including psychiatric, cognitive, and mental disabilities.
- ◆ The term service animal does not include
  - Wild animals (including nonhuman primates born in captivity),
  - Reptiles, and Rabbits,
  - Farm animals (including any breed of horse, miniature horse, pony, pig, or goat),
  - Ferrets, Amphibians, and Rodents.
- ◆ Animals whose sole function is to provide emotional support, comfort, therapy, companionship, therapeutic benefits, or to promote emotional well-being are not service animals. These would be considered companion animals. Allow the animal to remain with the person if possible.

## Helpful ways to interact with a person who has a service animal:

- A service animal must be under the control of the owner. If it is out of control or a direct threat, it can be removed. Plan to move the animal with the owner.
- Ask the owner's permission before touching or speaking to the animal. If you need to take the animal, hold the leash. A service animal is not a pet.
- A person is not required to give you proof of a disability that requires a service animal. You can ask, however, what service the animal is providing to the person. If you have doubts, wait until you arrive at your destination and address the issue with the supervisor in charge.
- Persons with epilepsy may have a "signal animal" which warns them they are about to have a seizure.

## Other Disabilities or Conditions

You may encounter people with other disabilities or conditions.. Our suggestion is to be alert to behaviors that do not appear normal to you, and if in doubt, refer to the pages [General Tips for All People with Disabilities](#)

Some of the other more common disabilities or conditions you may encounter include:

- ◆ **Communication difficulties:** This may include people who stutter, who have had a stroke, or who have one of the other disabilities described in this guide. Slow down your communication, ask one question at a time, and allow time for the person to respond.
- ◆ **Someone who uses a speech communication device:** This may be an electronic communication board or a picture book. Allow time for the person to use it to answer your questions.
- ◆ **Traumatic brain injury:** These injuries include a wide range of conditions caused by damage to the brain due to an external force. Persons who have incurred a head injury may exhibit a variety of difficult behaviors. They may perceive facts differently. They may be belligerent or argumentative. Slow down your communication, ask one question at a time, and allow time for the person to respond. At times, you may have to help the person re-focus on the issue at hand.
- ◆ **Tourette's syndrome:** The symptoms of Tourette's syndrome are usually unwanted, frequent, and repetitive movements (motor tics) of the face, arms, limbs, or trunk. In some people, there may be other repetitive symptoms such as vocal tics or socially inappropriate comments (involuntary swearing, comments about body parts).
- ◆ **Someone who appears to be under the influence of alcohol or drugs:** This can sometimes be confused with a person who is having a seizure due to epilepsy or someone with cerebral palsy. Please refer to the pages for [People who have Epilepsy](#) and [People who have Cerebral Palsy](#).
- ◆ **Behavioral disturbances:** It is often very difficult to distinguish criminal intent from medical, psychiatric, or disability-related causes of behavioral disturbances. A formal medical/psychiatric evaluation in the emergency room is the most appropriate place for this assessment.

## Helpful Resources

Your local disability service providers can be a good resource for additional information or can assist you with an individual encountering the criminal justice system.

For referral information contact :

- **Indiana Protection and Advocacy Services**

4701 North Keystone Suite 222

Indianapolis, IN 46205

Phone: 1-800-622-4845

Email: [Info@ipas.in.gov](mailto:Info@ipas.in.gov)

Web Address: [www.in.gov/ipas](http://www.in.gov/ipas)

- **Outreach Services of Indiana**

Can assist with crisis services for people with developmental disabilities.

Phone: 1.866.429.5290

Indianapolis Office

2431 Directors Row Suite A

Indianapolis, IN 46242

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711 Green Rd.

Madison, IN 47250

[Outreach@fssa.in.gov](mailto:Outreach@fssa.in.gov)